2001 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P98000057038 WEST VIEW APARTMENTS, INC.

FILED May 02, 2001 8:00 am Secretary of State

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Principal Place of Business 225 W. 16 AVE.		Mailing Address									
225 W. 16 AVE IALEAH FL 330		4225 WEST 16 AVENUE HIALEAH FL 33021									
2. Principal Pl	lace of Business	3. Mailing Address									
Suite, Apt.	#, etc.	Suite, Apt. #, etc.					DO NOT	WRITE II	N THIS	SPACE	
City & State		City & State			4. FE	4. FEI Number 65-0848872 Applied Fo					pplied For ot Applicabl
Zip	Country	Zip	Countr	у	5. C	ertificate of	Status Desi	red		\$8.75 Ad Fee Require	ditional
	6. Name and Address of Current	Registered Agent			7. Na	ame and Ad	idress of N	ew Regi	stered /	gent	
	,		·	Name							
ALVAREZ, SANTIAGO 4225 WEST 16 AVENUE				Street Address (P.O. Box Number is Not Acceptable)							
HIALE	EAH FL 33021		-	City			Pas		FL	Zip Cod	de
8. The above	named entity submits this statement fo	or the purpose of changing its	registered	d office or regis	tered age	ent, or both, i	n the State	of Florida		<u> </u>	
	·										
SIGNATURE _									DATE		
	Signature, typed or printed name of registered agent	and title if applicable. (NOTE	: Hegistered	Agent signature requi	red when rein	nstating)			DATE		
 This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)		FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550. Make Check Payable to Department of									٠
Tax filing re		After MAY 1, 20	01 Fee v	vill be \$550.00		10. Election Trust f	on Campaig Fund Contri		ing [)0 May Be d to Fees
Tax filing re		After MAY 1, 20 Make Check Payab	01 Fee v	vill be \$550.00	tate		Fund Contri	bution.		Adde	d to Fees
Tax filing re (See criteri	ia on back) OFFICERS AND VSTD	After MAY 1, 20 Make Check Payab	01 Fee voile to De	vill be \$550.00	tate	Trust f	Fund Contri	bution.		Adde	d to Fees
Tax filing re (See criteri 11. TITLE NAME	OFFICERS AND VSTD GARCIA, VIVIAN P	After MAY 1, 20 Make Check Payab	01 Fee vole to Dep 12. TITLE NAME	will be \$550.00 partment of S	tate	Trust f	Fund Contri	bution.		Adde	d to Fees
Tax filing re (See criteri 11. TITLE NAME STREET ADDRESS	OFFICERS AND VSTD GARCIA, VIVIAN P 4225 WEST 16 AVENUE	After MAY 1, 20 Make Check Payab	01 Fee vole to Del 12. TITLE NAME STREET	will be \$550.00 partment of S	tate	Trust f	Fund Contri	bution.		Adde	d to Fees
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Tax filing re (See criteri 11. IITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND VSTD GARCIA, VIVIAN P 4225 WEST 16 AVENUE HIALEAH FL 33012 PD	After MAY 1, 20 Make Check Payab	01 Fee vole to Dep 12. TITLE NAME STREET CITY-S	will be \$550.00 partment of S I AODRESS ST-ZIP	tate	Trust f	Fund Contri	bution.		Adde	d to Fees
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indicated on this report or supplemental report is true and naturity signature shall have the same legal effect as if made under oath; that I am an officer of director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: